TRICARE Data Quality Course

Current & Future Prospective Payment System

The Quadruple Aim: Working Together, Achieving Success

Program Review and Evaluation

May 2011

OSD(Health Affairs); Health Budgets & Financial Policy

Resourcing the Direct Care System for Value

The Direct Care System (DCS) is the heart of military medicine and provides:

- a ready to deploy medical capability
- a medically ready force
- delivery of the health benefit to warriors and their families

..but at the appropriate value?

$$\frac{\text{Outputs (Activities)} + \text{Outcomes (Readiness, Population Health)} + \text{Customer satisfaction}}{\text{Resources (MilPers, appropriations, reimbursements)}}$$

Creating Breakthrough Performance in the MHS

Each Element is essential.

Agenda

- Current PPS Production and Valuation
  - How PPS values production
  - Changes from FY10
  - External Workload reporting
  - FY11 Rates
  - Rebase, Program and Workload Guarantee
- Future Prospective Payment System??
  - Performance Based Planning
- Issues to consider for Data Quality

Current PPS Production and Valuation

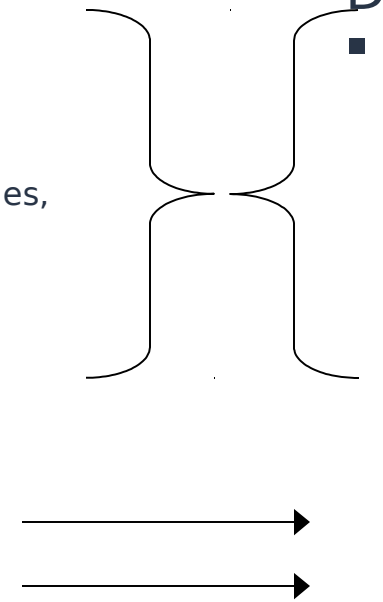
PPS Value of Care

- Value of MTF Workload
  - Fee for Service rate for workload produced
- Rates based on price at which care can be purchased
  - TMAC rates
  - Not MTF costs
- Computed at MTF level but allocated to services
  - Rolled up to Services

TMAC versus PPS

Civilian

- Inpatient
  - Institutional
    - Hospital (MS-DRG)
      - Including ancillaries, pharmacy
  - Professional (RVU)
    - Surgeon
    - Anesthesiologist
    - Rounds
    - Consultants
- Outpatient
  - Professional (RVU)
  - Institutional (APC)
- Outpatient Ancillary
  - (RVU/Fee Schedule)



Direct Care PPS

- Inpatient (RWP, i.e. MS-DRG)
  - All Institutional and Professional
    - Hospital
      - Including ancillaries, pharmacy
    - Surgeon
    - Anesthesiologist
    - Internist
    - Consultants
- Outpatient
  - Professional (RVU)
  - Institutional (APC)
    - Emergency Room and Same Day Surgery
- Outpatient Ancillary (Pass Thru)
  - None

Workload Measure Changes to PPS for FY11

- Units of service
  - Limits determined for each CPT code
  - If above unit of serve limits, value reduced to mode for that CPT

	First 8 months for comparison purposes					
	Work RVUs			Practice Exp RVUs		
	FY09	FY10	Net Diff	FY09	FY10	Net Diff
Sep Data	20,159,894	21,540,184		20,808,726	22,434,233	
Dec Data	19,838,493	21,265,278		19,868,196	21,515,900	
Difference	(321,401)	(274,906)	46,495	(940,530)	(918,333)	22,197

Current PPS Workload

- Inpatient – MEPRS A Workcenters
  - Non-Mental Health – Severity Adjusted DRGs Relative Weighted Products (MS-RWPs)
  - Mental Health - Bed Days

- Outpatient – MEPRS B Workcenters
  - Enhanced Work + Practice Relative Value Units (RVUs)
    - Excluding Generic Providers and Nurses
      - (910+ and 530/580/582/600/601/606/701)
  - Ambulatory Payment Classification (APCs)
    - Facility charges now available for Emergency Room (ER) and Same Day Surgery (SDS)
    - Consistent with TRICARE change for CY09

Valuing MHS Workload Fee for Service Rates FY11

- Value per MS-RWP - $9,535 (MEPRS A codes)
  - Average amount allowed
    - Including institutional and professional fees
    - Excluding Mental Health (MH)/Substance Abuse (SA)
    - Adjusted for local Wage index and Indirect Medical Education Adjustment
- Value per Mental Health Bed Day - $823 (MEPRS A codes)
  - Average amount allowed
    - Including institutional and professional fees
    - Adjusted for local Wage index and Indirect Medical Education Adjustment
- Value per RVU - $37.43 (MEPRS B codes)
  - Standard Rate – like TMAC/CMS
    - Excluding Ancillary, Home Health, Facility Charges (except ER/Same Day Surgery (SDS))
    - Adjusted for local geographic price index both Work and Practice
- Value per APC - $68.86 (MEPRS B codes ER/SDS)

Two Adjustment Issues

- Move from FY07 to FY09 baseline
  - Recognize current performance
  - Reflects new methodology using MS-DRGs/APCs
- Recognize programmatic changes and workload commitments
  - Avoids double payments or double reductions

FY 2010 PPS Budget Adjustment

- Military Personnel
  - PPS value includes work produced with military personnel
  - However, MilPers is not in the DHP in year of execution

O&M Factor

	FY 11
Army	73%
Navy	55%
AF	42%
Total	60%

- Adjustment =

  O&M Adjustment *

  (Difference between Most Recent 12 Months Value and FY09 Workload Valued at FY2010 Rates)

FY10 Mid Year Summary

	RVUs			APCs			RWPs			Mental Health Days		
	FY09	Rolling 12	FY10 Plan	FY09	Rolling 12	FY10 Plan	FY09	Rolling 12	FY10 Plan	FY09	Rolling 12	FY10 Plan
Army	30,177,999	31,412,270	31,015,010	4,267,545	4,289,766		105,768	105,454	108,887	39,417	38,661	41,064
Navy	18,169,333	18,705,232	17,694,038	2,222,398	2,152,279		54,598	54,951	54,779	21,479	21,931	20,337
Air Force	13,544,108	13,797,703	13,771,202	1,416,849	1,405,760		33,936	34,200	33,218	4,717	4,982	6,469
MHS	61,891,440	63,915,205	62,480,251	7,906,792	7,847,806		194,302	194,605	196,884	65,613	65,574	67,869

	PPS Earnings					
	FY09		Rolling 12		FY10 Plan	
Army	2,722,978,025		2,762,136,291		2,725,352,724	
Navy	1,521,737,649		1,540,681,378		1,479,118,546	
Air Force	1,021,718,922		1,033,455,362		1,015,206,422	
Total	5,266,434,597		5,366,733,040		5,219,677,692	

FY05 (Millions $)

Adjusment	Plan	Mid Year Total
Army	30.6	8.4
Navy	2.2	4.1
Air Force	(2.5)	(4.4)
Total	30.3	8.1

FY06 (Millions $)

Adjustment	Plan	Mid Year
Army	15.4	2.5
Navy	17.3	2.9
Air Force	(16.4)	(20.0)
Total	16.3	(20.4)

FY07 (Millions $)

	Adjustment in Millions
Army	29.2
Navy	(17.1)
Air Force	(20.9)
Total	(8.8)

FY08 (Millions $)

	Millions	
Adjustment	Rolling 12	Plan
Army	20.1	(36.3)
Navy	(9.4)	40.2
Air Force	(6.2)	(57.6)
Summary	4.5	(53.7)

Summary for Performance

Summary Performance	In Millions of Dollars			
	Army	Air Force	Navy	MHS
Workload				
Current Recon (Army Adj)	$ (4.646)	$ (15.970)	$ (21.416)	$ (42.032)
TBI/PH Workload Requirement	$ (48.298)	$ (1.868)	$ (10.182)	$ (60.347)
Radiology FY08-09 (Inc O&M adj)	$ 12.566	$ 2.185	$ 6.313	$ 21.063
Summary Workload	$ (40.377)	$ (15.653)	$ (25.286)	$ (81.316)
HEDIS Performance Award	$ 13.078	$ 7.332	$ 8.366	$ 28.775
Workload + Performance Award	$ (27.300)	$ (8.322)	$ (16.920)	$ (52.541)
Army POM Funding Shortage	$ 42.179			$ 42.179
Net Adjustment	$ 14.880	$ (8.322)	$ (16.920)	$ (10.362)

Future Prospective Payment System??

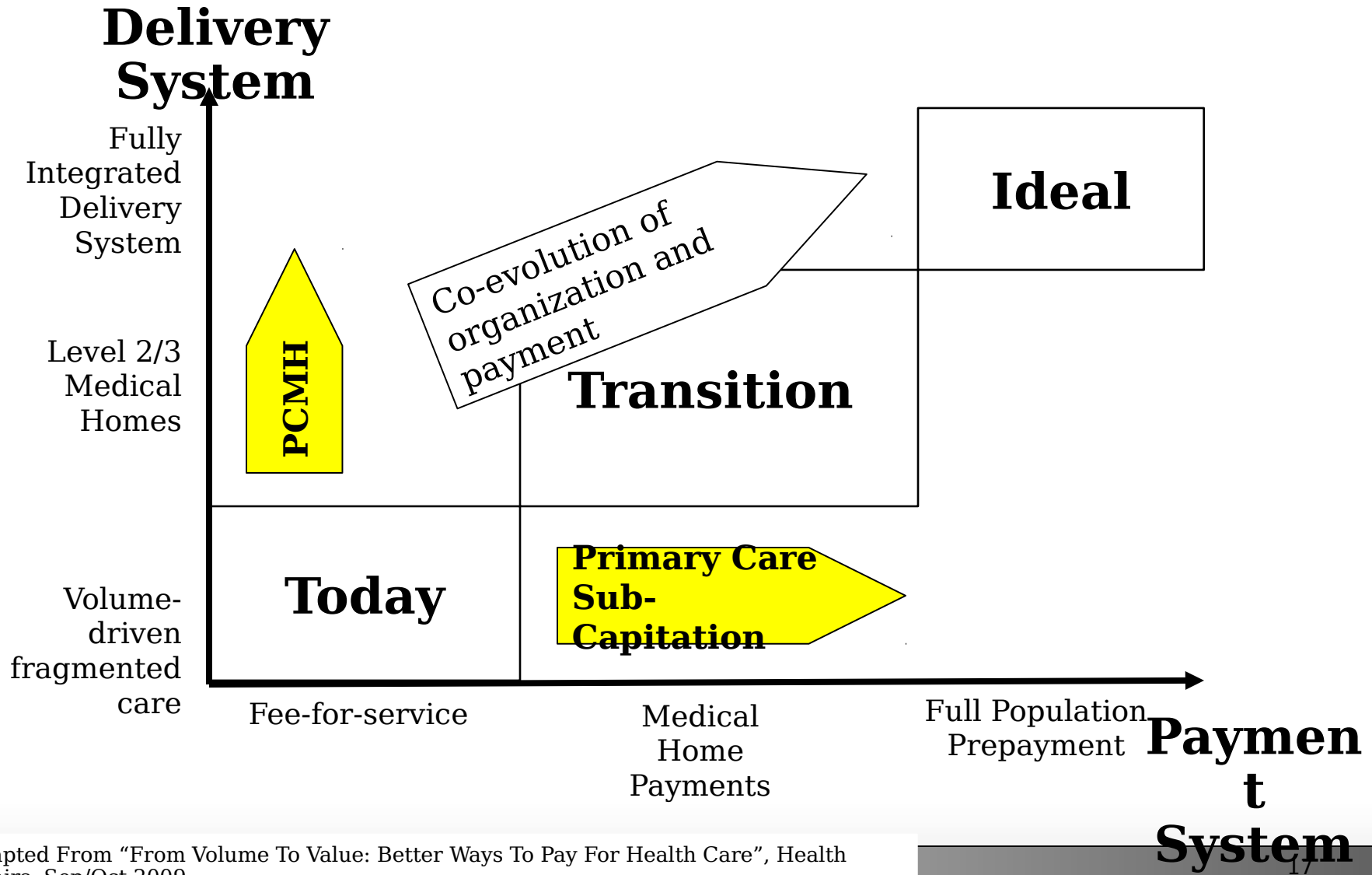
Performance-Based Planning

Expanding Pay for Performance to Match the Vision

- Premise: MHS Value is predicated on three elements
  - Outputs - the volume of work that we accomplish, measured currently by RVUs/APCs and RWPs/Bed Days
    - Incomplete
  - Outcomes – often measured via factors such as HEDIS/JCAHO
  - Customer Satisfaction
- Our focus to date has been centered on productivity (Outputs) as the MHS source of value for the Department.

- Goal: Create a financial mechanism for the direct care system that will emphasize value measures for outcomes and customer satisfaction in a balanced fashion with outputs

Transition In Both Payment & Delivery Systems

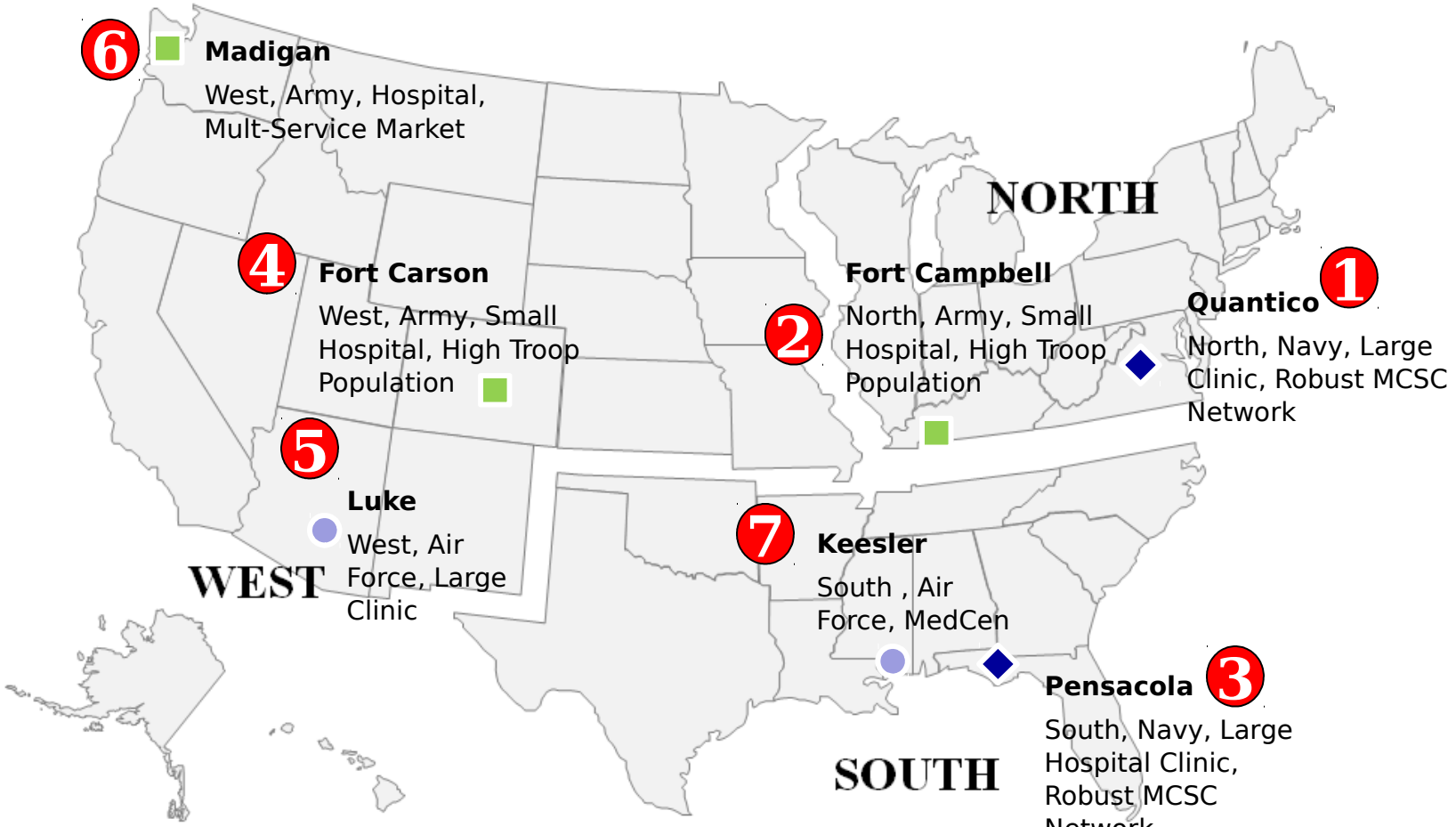


Adapted From "From Volume To Value: Better Ways To Pay For Health Care", Health Affairs, Sep/Oct 2009.

Performance Planning Integrated Project Team

- The Joint Health Operations Council (JHOC) chartered a Performance Planning Integrated Project Team (IPT)
  - Create a revised incentive structure and planning approach aligned with the Quadruple Aim
    - Readiness/Population Health/Experience of Care/Per Capita Cost
  - The approach encompasses the total beneficiary population
    - Direct and Purchased
    - Prime, Standard
  - Piloted at seven sites in 2010.

Pilot Sites


6
Madigan
West, Army, Hospital, Mult-Service Market
NORTH
4
Fort Carson
West, Army, Small Hospital, High Troop Population
2
Fort Campbell
North, Army, Small Hospital, High Troop Population
1
Quantico
North, Navy, Large Clinic, Robust MCSC Network
5
Luke
West, Air Force, Large Clinic
WEST
7
Keesler
South , Air Force, MedCen
3
Pensacola
South, Navy, Large Hospital Clinic, Robust MCSC Network
SOUTH
Army
Navy
Air Force

Incentive structure
Readiness, Pop Health, Experience of Care

AIM	ATTRIBUTES
Readiness	Indeterminate Rate - TBD
Population Health - Prevention	Mammography
	Colorectal
	Cervical
Experience of Care- Evidence Based Guidelines	Diabetes A1c Sreening
	Diabetes LDL < 100mg/dL
	Diabetes A1c > 9
	ORYX AMI - Aspirin at discharge
	ORYX AMI - Beta blocker at discharge
	ORYX CAC - HMPC Document
	ORYX HF - Discharge
	ORYX PN - Antibiotic received
	ORYX PN - Vaccination
	ORYX SCIP - Inf1a Antibiotic overall
	ORYX SCIP - Inf3A Antibiotic dc

AIM	ATTRIBUTES
Experience of Care- Beneficiary Satisfaction	Satisfied with health care during visit
Experience of Care- PCM Continuity	Continuity
Experience of Care- Access	3rd Avail Apt (Routine)
	3rd Avail Apt (Acute)

Incentive structure
Per Capita Cost

AIM	ATTRIBUTES
Management of ER Utilization	**Enrollee Utilization of ER Services**
Primary Care RVUs considered under PCMH capitation rate	**Primary Care RVUs,** primary care RVUs generated under the PCMH primary care capitation definition; RVUs for "preventive services "are excluded
Primary Care Fee for Service, Non-Capitated	**Primary Care RVUs, Non-Cap** total RVUs generated from primary care services not falling under the capitation definition;
Specialty Care Fee for Service	**Specialty Care RVUs** total number of RVUs from specialty care; RVUs for "preventive services" are excluded
Outpatient Facility Fee for Service	**Ambulatory Payment Classification (APCs)** (facility fee for ER and ambulatory surgical services)

AIM	ATTRIBUTES
Inpatient Fee for Service (non-mental health)	**RWPs**
Inpatient Fee for Service for Mental Health	**Mental Health Bed days**
Dental Fee for Service	**Dental Weighted Values - TBD**
PMPM Management	**PMPM Management** PMPM % Increase annually

Incentive structure
Per Capita Cost, cont

AIM	ATTRIBUTES
Total Prime Enrollees	**Enrollment**
Total PCMH Enrollees	**PCMH enrollees** (could be new or current prime enrollees). NOTE: this provides a target for total PCMH enrollment; it is not the year to year difference.
RVUs per PCMH Enrollee	**Primary care RVUs produced at the MTF for PCMH enrollee**
Leaked RVUs per PCMH Enrollee	**Primary care RVUs NOT produced at the MTF for PCMH enrollees**
Total Net Reward for PCMH Enrollees	**Final capitated value**

Additional rewards given for

> Balanced bonus: % of measures improving

> Care management: $/enrollee (higher $ for PCMH enrollees) for overall mgn

How to Succeed

- Current Prospective Payment System (fee for service)
  - Maximize workload
    - Recapture private sector care
    - Optimize coding
    - Complete records
    - Improve productivity
    - Maximize patient visits
    - Fee for Service rate for workload produced
- Pilots – Follow Quadruple Aim
  - Readiness (TBD)
  - Experience of care
  - Population Health
  - Per Capita Cost

How to Succeed

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    - Complete records
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    - Maximize patient visits
    - Fee for Service rate for workload produced

- Pilots – Follow Quadruple Aim
  - Readiness (TBD)
  - Experience of care
  - Population Health
  - Per Capita Cost

How to Succeed, cont

- Experience of Care
  - Satisfied customer
  - Timely access
  - PCMs treat own patients
  - Follow clinical guidelines

- Population Health
  - Follow preventive screening protocols

How to Succeed, cont

- Per capita cost
  - Effective management of enrollees
    - Manage utilization
    - Provide care at appropriate location
      - Minimize ER use
  - Effective use of MTF & staff
    - Increase productivity
    - Recapture private sector care
  - Effective management of PCMH enrollees
    - Use of non-visit touches
    - Efficient use of support staff
    - Optimize enrollment ratios
    - Comprehensive care coordination

PMPM & ER

Productivity (RVUs, RWPs & APGs)

PCMH & Capitation

Issues to Consider

- All MTFs need to Ensure Timely data submission
- Professional Services
  - Professional services should be coded for Inpatient
  - Accurate coding
    - Ensure proper coding for care including Units of Service
    - Need to ensure coding matches documentation
    - Eventually audit adjustments to claims
- Treatment of Enrollees
  - Quality payments will rely on accurate identification of Enrollees
  - Documentation of treatment for Preventive Services
- Workload Trending
  - CMS changes to weights can cause misleading trends
    - Budget Neutrality Factor used for CY06 and earlier
  - CY10 removal of weights for Consult codes
    - CMS stopped paying, but increased E&M codes
    - MHS zero weight for consult codes in CY11
  - CY11 significant increase in Practice Expense RVUs
    - CMS Conversion factor decreases by over 10%

Back-up

BACK UP SLIDES

IME Factors

DMIS	Name	FY02	FY03	FY04	FY05	FY06	FY07	FY09	FY10	FY11
0014	DAVID GRANT	1.4141	1.3765	1.5737	**1.5996**	**1.6313**	**1.5676**	**1.3485**	**1.2930**	1.2155
0024	PENDLETON	1.2895	1.1860	1.1681	**1.1848**	**1.1828**	**1.1739**	**1.1304**	**1.1476**	1.1256
0029	SAN DIEGO	1.6415	1.5067	1.5067	**1.5173**	**1.4929**	**1.4588**	**1.4554**	**1.5370**	1.5226
0037	WALTER REED	1.5849	1.5175	1.5265	**1.5523**	**1.5368**	**1.5824**	**1.5061**	**1.6961**	1.7415
0038	PENSACOLA	1.2692	1.2269	1.2269	**1.2302**	**1.1938**	**1.1713**	**1.2092**	**1.2045**	1.1894
0039	JACKSONVILLE	1.3484	1.2954	1.2911	**1.2944**	**1.2866**	**1.2669**	**1.2690**	**1.2086**	1.3290
0042	EGLIN	1.2544	1.2801	1.3120	**1.3202**	**1.2622**	**1.1859**	**1.1928**	**1.2346**	1.2346
0047	EISENHOWER	1.2772	1.2216	1.2208	**1.2318**	**1.2096**	**1.2352**	**1.2031**	**1.2249**	1.2746
0048	MARTIN	1.2230	1.1733	1.1462	**1.1547**	**1.1477**	**1.1422**	**1.1408**	**1.1498**	1.1519
0052	TRIPLER	1.3792	1.3249	1.3319	**1.3482**	**1.3987**	**1.3813**	**1.4400**	**1.4859**	1.4607
0055	SCOTT	1.3377	1.2983	1.3119	**1.3034**	**1.2689**	**1.2554**	**1.0000**	**1.0000**	1.0000
0066	MALCOLM GROW	1.3646	1.3306	1.3898	**1.4492**	**1.4366**	**1.4199**	**1.3663**	**1.2949**	1.0000
0067	BETHESDA	1.6914	1.5430	1.5413	**1.4705**	**1.4139**	**1.3984**	**1.3493**	**1.3882**	1.3384
0073	KEESLER	1.4844	1.3613	1.2533	**1.4352**	**1.4806**	**1.0000**	**1.0737**	**1.0737**	1.1410
0078	EHRLING BERGQUIST	1.3313	1.3286	1.3961	**1.5929**	**1.3220**	**1.0000**	**1.0000**	**1.0000**	1.0000
0086	KELLER	1.0114	1.0309	1.0417	**1.0398**	**1.0394**	**1.0372**	**1.0379**	**1.0394**	1.0394
0089	WOMACK	1.1396	1.1176	1.1254	**1.1259**	**1.1187**	**1.1460**	**1.1425**	**1.1471**	1.1277
0091	LEJEUNE	1.0000	1.0000	1.0000	**1.0621**	**1.0604**	**1.0976**	**1.0637**	**1.0548**	1.0557
0095	WRIGHT-PATTERSON	1.6438	1.6523	1.7406	**1.6789**	**1.6153**	**1.5976**	**1.3764**	**1.4453**	1.4453
0108	WILLIAM BEAUMONT	1.2425	1.1995	1.1971	**1.2033**	**1.2267**	**1.2041**	**1.2129**	**1.2461**	1.2665
0109	BROOKE	1.5289	1.4459	1.4553	**1.4776**	**1.4565**	**1.4353**	**1.4474**	**1.5329**	1.4864
0110	DARNALL	1.1182	1.0996	1.0996	**1.1035**	**1.0977**	**1.0914**	**1.0987**	**1.0932**	1.0932
0117	WILFORD HALL	1.5818	1.4904	1.6006	**1.6300**	**1.5887**	**1.5694**	**1.5887**	**1.6467**	1.6562
0123	DEWITT	1.2275	1.1883	1.1883	**1.1942**	**1.1920**	**1.2071**	**1.1974**	**1.2011**	1.2062
0124	PORTSMOUTH	1.3389	1.3066	1.3066	**1.3216**	**1.3126**	**1.3005**	**1.2684**	**1.3324**	1.3334
0125	MADIGAN	1.6389	1.5363	1.5630	**1.5438**	**1.4788**	**1.4499**	**1.4534**	**1.4947**	1.4698
0126	BREMERTON	1.1716	1.1701	1.1817	**1.1902**	**1.2009**	**1.1977**	**1.1858**	**1.1783**	1.1873

Value of 1.0 is used if there is no IME to zero out calculation.

POM and Target Impacts including Programmatic with Lag

	POM Adjustment in Millions			
	Army	Navy	AF	
FY03/07 Net Workload Change	$ 103	$ (33)	$ (53)	$ 17
Workload Increase Commitment	$ -	$ 33	$ 46	$ 79
FY10 POM Adjustment	$ 103	$ -	$ (7)	$ 96
FY09 Programmattic Adjustment (Already Adjusted in POM)	$ 294	$ 4	$ (63)	$ 236
PPS Earnings to MEPRS A/B less Rx ratio	81%	72%	60%	
PPS Adjustment for Programmatic Changes FY09	238	3	(38)	$ 204
Adjusted FY10 Target	$ 238	$ 36	$ 8	$ 283

All dollars are FY08 and must be inflated for FY10 execution

Primary Care Capitation

- Determine historical Primary Care Capitation Rate
  - Apply appropriate logic for MHS workload
    - To include
      - Code Sets
      - Clinic/Provider restrictions
  - Ensure that rate includes all care for enrollees
    - Direct Same MTF/Direct Other MTF/Purchased Care
  - Divide total workload (DC/PSC) by enrollees to get historical PC capitation rate (utilization rate) at that MTF
- In evaluation year, for MHP enrollees
  - Ignore actual primary care workload for MHP enrollees
  - Substitute historical utilization rate after subtracting PSC utilization for MHP enrollees
- Effect: If utilization is contained, MTF will still get workload credit as if utilization stayed elevated
  - If workload can be recaptured from PSC, MTF workload credit could increase with no actual increase in workload

HEDIS Preventive Services

- Adherence to HEDIS Guidelines
  - Breast Cancer Screening
  - Cervical Cancer Screening
  - Colorectal Screening
  - Diabetes A1c Screen
  - Asthma Meds
  - Diabetes A1c<9
  - Diabetes LDL<100

DRG Comparison

- Historical DRG
  - System to classify hospital cases into one of approximately 500 groups
  - System in use since approximately 1983, with minor updates on a yearly basis
  - Calculated for TRICARE using CMS method just for our beneficiaries with-in Purchased Care claims

- MS-DRG – Severity Adjusted DRGs
  - System used to differentiate levels of complexity for the DRGs
  - Approximately 750 different groups
  - CMS implemented in 2008
  - TRICARE implemented in 2009

RVU comparison

- Old Method
  - Uses Work RVU for all payments
    - Work RVU only represents provider portion
  - Payments based on Product Lines
    - Defined by MEPRS codes
    - Significant variation in rates ($38/RVU to $330/RVU)
    - Rates based on Allowed Amount from Purchased Care claims divided by Work RVUs
- New Total RVU method
  - Uses both Work and Practice RVUs for payments
    - Practice RVU represents the cost of the staff/office/equipment
    - Includes Units of Service adjustments for both RVUs
  - Provides appropriate credit for equipment intensive procedures
  - Allows for a Standard Rate per RVU
    - Can use same rate as Purchase Care
  - Used with Ambulatory Payment Classification (APCs)
    - Facility charges now available for ER and Same Day Surgery

Geographic Practice Cost Index (GPCI)

- Based on Medicare locality Adjustments
- Different rates for Work and Non-Facility Practice
  - Work
    - Generally 1.0 +, max 1.5 for Alaska
  - Non-Facility Practice
    - Range 0.803 (part of Missouri) to 1.342 (part of California)
- Payment Amount
  - Multiply the RVU for each component times the GPCI for that component

Expansion of PPS for External Workload

- Valuation to began in FY2008
  - All reporting will be considered “new” workload
  - Standardized reporting method across Services
- External Partnerships (5400) and VA facilities (2000)
  - Differentiate Professional Service vs Facility Charges
- Payment based on Total RVU
  - Enhanced (Work + Facility Practice)
  - Standard Rate similar to CMS
    - Not Product Line specific – FY10 same as all RVUs
  - Professional Providers only
  - MEPRS A & B codes only
- Still must solve DoD Circuit Rider workload reporting

CMS RVU Review/Adjustment

- Important for Trend information
  - Does not affect PPS
- 5 year review of RVUs
- For CY07 significant change in work RVUs
- Adjusted to emphasize Patient Doctor interaction
- Result in higher RVU for most E&M codes
- Did not dramatically reduce codes for specialists
- However, must have balanced budget
  - Budget Neutrality Factor reduction
  - RVUs multiplied by 0.8994

Issue of Budget Neutrality Factor

CY06 MEPRS-B SADR freqs pulled 2/2/2007 from MDR by PPS/BP Product Line
Work RVUs based on MHS Master RVU tables for CY06 and CY07

	Data				CMS Adj factor = 0.8994	
PPS/BP Product Line	Sum of CPT COUNT*	Sum of CY06 Work RVU*Count	Sum of CY07 Work RVU* Count	% Change from CY06	CY07 Adjusted	% Change from CY06
DERM	531,795	382,860	410,653	7.3%	369,341	-3.5%
ENT	402,139	382,329	420,762	10.1%	378,434	-1.0%
ER	3,092,846	1,710,620	2,089,619	22.2%	1,879,403	9.9%
IM SUB	3,400,834	1,693,588	1,815,849	7.2%	1,633,174	-3.6%
MH	3,701,697	2,787,843	2,831,958	1.6%	2,547,063	-8.6%
OB	2,976,090	1,734,160	1,958,748	13.0%	1,761,698	1.6%
OPTOM	4,482,029	2,215,681	2,228,524	0.6%	2,004,334	-9.5%
ORTHO	9,027,337	3,221,644	3,360,728	4.3%	3,022,639	-6.2%
OTHER	2,657,843	945,825	989,846	4.7%	890,268	-5.9%
PC	21,306,231	11,319,846	13,311,193	17.6%	11,972,087	5.8%
SURG	529,735	492,782	532,388	8.0%	478,830	-2.8%
SURG SUB	494,374	413,021	459,713	11.3%	413,466	0.1%
OTH	4,049	3,445	3,934	14.2%	3,538	2.7%
Grand Total	52,606,999	27,303,646	30,413,915	11.4%	27,354,275	0.2%

*Includes only CPT codes appearing in both CY06 and CY07 Master RVU tables

MENBA Pilot Project

- **QDR: "Capture the quantity, value, and expense of readiness and military-unique services provided by MHS activities"**
- Identify and List all Mission Essential/Non-Benefit Activities (MENBA) performed in the MHS
- On-site visits
  - 6 MTFs (1 small & 1 Large from each Service)
  - MTF Participation:
    - Coordinate Schedule
    - Provide limited Documents (e.g., Committees List, Additional Duties Rosters, etc.)
    - Be Part of the Team, Part of the Project!
- Work with MENBA WG to "sort out", classify & develop Taxonomy for activities

Working MENBA List
(Working Activity Classes*)

IMR/DNBI Prevention/Occupational Health	Approved NonBenefit Clinical Activity	Military Unique Clnical Activity	Military Unique NonClinical Activity	Deployment Readiness	Military Unique Training	GME/GDE
Base agency support	Health Prom (HP)/Adm	Aeroevac	Activity Support	Administration	Commanders Call	GDE
Base Meetings	HP/Classes	Ambulance Support	Additional Duties	Base Support	Communication	GME/GDE Adm
Deployment/Preparation	HP/Communication	Appointments	Agency support	Communications	Conference	GME/Prog Directors
Deployment/During	HP/Evaluation	Backfill	Ceremony	Deployment/Adm	Exercise Trg	GME/Residents
Deployment/After	HP/AD Fitness	Blood Program	Commander	Deployment/Mobility	First Term Enlisted	GME/Med Students
Drug screening	HP/HAWC	Boards	Community	Deployment/Response	Fitness	GME/Teaching Staff
First Aid	HP/Health Fairs	Call	Compliance Program	Exercises	Job Specific	
Immunizations	HP/Health Month	Clinical Investigations	Decedent	Homeland Security	Leadership Dev	
IMR program	HP/Pop Health	Care	Ethics	Humanitarian Mission	Pop Health	
JUMPSTART	HP/Screening	Clinical Networks	Food Service	Logistics/WRM	Readiness Trg/CBRNE	
Medical Right Start	Vision Correction	Inspections	Legal	NDMS	Readiness Trg/Core Specific	
Occup Health/Adm		Dental	Logistics	Plans	Readiness Trg/Envi	
Occup Health/HazMat		Diagnostics & Therapeutics	Information Services	Team	Readiness Tng/Ordinance	
Occup Health/Hearing		Family Advocacy	MOU/MOA	Threat	Readiness Trg/Rescue	
Occup Health/Safety		Flight Medicine/ Line Consultation	Orderly room		Readiness Trg/Rules	
Occup Health/Screening		Flight Medicine/ Operational Med	Patient Adm TRICARE		Readiness Trg/Terriorism	
Occup Health/Radiation		Flight Medicine/ Deployment Medicine	Plant Management		Readiness Trg/Unit	
Occup Health/Respiratory		Flight Medicine/ Disaster Response	Protocol		Reservists	
Occup Health/Water		Hyperbaric Medicine	Public Affairs		Safety	
Physiological Training		Life Skills	Resource Management			
Public/Env Health/Adm		Medical Management	Vehicle Progam			
Public/Env Health/Emp Health		Nursing				
Public/Env Health/HIV		Patient relations				
Public/Env Health/Screening		Pharmacy				
Public/Env Health/Surveillance		PRP				
Public/Env Health/STD		Profiles				
Public/Env Health/TB		QA/Crendentials				
Veterinary Prog/Animal		Screening				
Veterinary Prog/Food		Supervision				
Veterinary Prog/Vector		Support				
		Training				
		Volunteers				
Total 483	Total 115	Total 369	Total 369	Total 184	Total 152	Total 110

*As of 5 Feb 2007